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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 28 Madison 0536 Alder Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 2 2144 No SMITHSON, BRONWEN 4.00 2 2145 No MARCONET, JENNIFER 1.75 2 2146 MILLS, KATHLEEN A No 3.50 2 2147 **BOYD, RHONDA & ELLIS** 0.00 No 2 BABCOCK, ELIZABETH 2148 No 4.00 2 2149 No SHIELDS, KENNETH P 3.50

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

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County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0537 Sheridan Elem 28 Madison Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 5 2018 No OSTLER, HOLLI 0.00

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 28 Madison 0538 Sheridan H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 5 2218 No FULLER, MARCIA 5.25

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 28 Madison 0540 Twin Bridges K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 7 1652 No BAUSCH, DENISE 5.50 7 1653 No CRAMPTON, RAYBEN 0.30 7 1654 FRANDSEN, ELIZABETH 0.75 No 7 1655 PERRY, KAREN 2.25 No 7 WENTZEL, SHAWN 1656 No 1.50 7 1745 No ROWE, SUZANNE M 6.50 7 2142 No FRANKLAND, NORMAN 2.75

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0543 Harrison K-12 Schools 28 Madison **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 23 1622 No HOKANSON, ANN 0 0.75

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

2.25

DUE
DATES

52

2334

No

Jenni, Lynn

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 28 Madison 0546 Ennis K-12 Schools **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 52 1543 No DAVIE, CHARLES & NYLA 3.00 52 GOODE, MARIE 1544 No 2.75 52 1545 No **DURHAM, TODD & BARBIE** 3.40 52 1755 GASSER, DAVID No 2.25 52 1824 MEYERS, SUSAN No 3.25 52 2016 No SWEENEY, RON 2.00 52 2143 No McMANAMAN, PAT 3.75 52 2332 Bryant, Vickey No 2.00 52 2333 2.25 Englander, Joy No